

File

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01-001

2. STATE:

Rhode Island

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Title XIX of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 242,000

b. FFY 2002 \$ 315,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 6 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT:

Standards for Optional State Supplementary Payments

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Christine C. Ferguson

14. TITLE:

Director

15. DATE SUBMITTED:

1/2/01

16. RETURN TO:

Dorothy Karolyshyn  
Department of Human Services  
600 New London Avenue  
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1-8-01

18. DATE APPROVED:

3-17-01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1-1-01

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator

23. REMARKS:

State: RHODE ISLAND  
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

PAYMENT CATEGORY (Reasonable Classification)	ADMINISTERED BY		INCOME LEVEL		INCOME DISREGARDS EMPLOYED
	Federal	State	GROSS One Person Couple	NET One Person Couple	
(1)	(2)	(3)	(4)	(5)	
<b>Institutionalized Individual (ABD)</b>					
A) * Would receive payment if in community		X	\$1,273.70 NA	\$ 594.35 NA	SSI
B) Would not receive payment in community		X	\$1,590.00 NA	* \$ 50.00 NA	SSI
C) Receives payment	X		Under \$50.00 NA	* \$ 50.00 NA	SSI
<b>Community ABD</b>					
A) Living independently (includes domiciliary facilities)	X		\$1,273.70 \$1,918.00	\$ 594.35 \$916.50	SSI
B) Living in home of another	X		\$ 940.88 \$1,419.34	\$ 427.94 \$667.17	SSI
C) Residential Care and Assisted Living	X		\$1,590.00	\$1,112.00	SSI

\* Individual with no dependents receives \$50 for personal needs plus insurance premium for Part B. Remaining income is applied to cost of care. When an individual with no income receives a \$30 payment from SSI, the State supplements an additional \$20 to bring his/her personal needs allowance up to \$50.

TN No. 01-001  
Supersedes  
TN No. 00-001

Approval Date: 3-27-01

Effective Date: 01/01/2001